

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041037

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. 6043 Registrar's No. 73

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

1 1910

2 6910

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 70-2

13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		c. CITY OR TOWN Rural	
Length of stay in 1b Years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. N.W. NAYLOR		d. STREET ADDRESS (If outside, give location) 6 mi. N.W. NAYLOR	
3. NAME OF DECEASED (Type or print) First EVERT Middle McKINLEY Last KING		4. DATE OF DEATH Month October Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-8-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Butler Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES R. KING		13b. MOTHER'S MAIDEN NAME JENNIE B. KEYES	
14. NAME OF HUSBAND OR WIFE Lillian KING		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. War I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Lillian KING - G.#1 NAYLOR - Ma	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Advancing Age		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the terminal disease condition given in PART I (a) Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Dec. 1, 1962 to Oct. 23, 1963 and last saw him alive on 10-23-63 Death occurred at 7:00pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Smith, DO.		22b. ADDRESS Box 28, Naylor, Mo.	
22c. DATE SIGNED 10-28-63		23a. BURIAL CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10-26-1963		23c. NAME OF CEMETERY OR CREMATORY MASONIC Cemetery	
23d. LOCATION (City, town, or county) NAYLOR - MISSOURI		24. FUNERAL DIRECTOR Gene H. PARRENT - NAYLOR - MO.	
25. DATE RECD. BY LOCAL REG. 10-29-63		26. REGISTRAR'S SIGNATURE Flora Broz	

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1963

NOV 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene W. Parent

Licensed Embalmer No. *4809*

P. O. Address

Mayfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit issued
J.B.